

**NATIONAL Assessment Centre Services.**

[wrf 1 Jan 03]

MMMA 119117710.

Date In:	5/9/19 13:52	Job description	Date & Time Completed	Done by
Ref No:	MA/IMC19015743/h4	SAS e-filing		
Veh No:	SLR 9779R	E-mail (within 3hrs, AIC 2hrs)		
DOA	4/9/19 16:50	I-Motor Claim Form	MT11061136-001	5/9/19 15:40
(D) <input checked="" type="checkbox"/> Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wk322		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (		Fax: (	
TP Particulars:		Veh No: SLN 1155 P.		INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel: (		)	
Policy No: (		Period: (		Cover Type: (	
Confirmed by: (		Date: (		Time: (	
Insured/Driver Liability: (		%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]			
Year of Registration: (		Warranty: YBS ( ) / NO ( )			
Excess: (\$		Loading: \$1,000 ( ) / \$2,000 ( )			

General Remarks:

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	Completion Date	Completed by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

[illegible]

MA1906657		Invoice #	MA1906657	Amount	PAID
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Re-survey) \$30			
Auditors Comments:		For claiming against INC Only (wef 10 Jan 2003)			
Job #:		6) TR: Re-inspection \$75			
		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		ON:			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Re-n INC) against INC \$20			
		9) N12: Idao Mobile \$0			
Total:		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	05/09/2019 13:52
Date Of Accident	04/09/2019 16:50
Exact Location Of Accident	CROSS STREET JUNC WITH NEW BRIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9779R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET
NRIC No	S1244798A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90234098
Alternative Phone No	OFFICE-90234098

### Vehicle Particulars

Manufacturer	BMW
Model	320D
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111430280
Cover Note Number	-

### Driver

Name of Driver	NG HAN ZHE ROYSTON (HUANG HANZHE)
NRIC No	S8439349E
Date Of Birth	26/12/1984
Occupation	INDOOR
Date Of Driving Pass	17/11/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81539779
Fax Number	
Contact Number	
Email Address	ROYSTONNG@SMJF.COM.SG

Address	BLK 547B SEGAR RD #12-05
Postcode	672547
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190905/2010.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN1155P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	V PANDIARAJU
NRIC/Passport Number	S1592903J
Contact Number	82551794
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	NG HAN ZHE ROYSTON (HUANG HANZHE)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLR9779R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

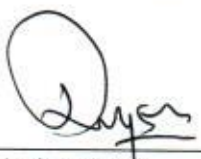
### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

New Bridge Rd

A = SLR 9779R  
B = SLN 1155P

Upp Cross St

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190905/2010

*(The remaining lines of this section are crossed out with a diagonal line.)*

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20190905/2010

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20190905/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2019 01:05	Vide Report No.:	Station Diary No.: 10
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<b>Informant's Particulars</b>			
Name of Informant: NG HAN ZHE ROYSTON		Address: APT BLK 547B SEGAR ROAD #12-05 SINGAPORE 672547	
ID Type / ID No.: NRIC NO / S8439349E		Contact No.: Home/Office: Mobile: 81539779	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 26/12/1984	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2019 16:50	Type of Location:
Location: Along Road 1 NEW BRIDGE ROAD				
Cross Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN1155P	Car				Slightly Damaged	1
SLR9779R	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190905/2010

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20190905/2010

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	V Pandiaraju	ID No.	S1592903J
Related Vehicle	SLN1155P (Car)	Contact No.	82551794
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	NG HAN ZHE ROYSTON	ID No.	S8439349E
Related Vehicle	SLR9779R (Car)	Contact No.	81539779
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/09/2019	Date Discharge	04/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 04/09/2019 at about 1650hrs, I was driving my vehicle "SLR9779R" when I arrived at Cross Street. At that point in time, I was at the traffic junction, it was red and my car was in complete stop. I was filtering to the left therefore when my vehicle stop, half of my vehicle was in lane 3 as I was unable to complete the changing of lane due to the red light. When it turn green, I wanted to move off and suddenly head a collision. I made a check and realized vehicle "SLN1155P" had collided into my vehicle. I then exchanged particulars with the driver. I later went to Mount Alvernia Hospital and was given 05 days of medical leave. I sustained strains on my back and neck areas. My vehicle passenger side front door was dented.





**SINGAPORE  
POLICE FORCE**



T/20190905/2010

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20190905/2010

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 CHUA CHUEN LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/09/2019 01:05

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

SN 117

Singapore Police Force

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111430280		MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET	S1244798A	GPC	drive CLASSIC	SLR9779R	SLR9779R	31/07/2019	30/07/2020



## Claim Handling

## Accident MT/1061136

Policy No.	S111430280	Vehicle No.	SLR9779R	GST Registration No.	
Certificate No.					
Policyholder Name	MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET			Policyholder NRIC	S1244798A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90234098	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	05/09/2019 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	04/09/2019	Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CROSS STREET JUNC WITH NEW BRIDGE RD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 805 #13-4283	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760805
Address 4		Address Type	Singapore address	Post Code	760805
Unit No.		Related Policy Number	S111430280		

## ▼ OI Driver Info

Driver Name	NG HAN ZHE ROYSTON	Driver Type	Main Driver	Driver DOB	26/12/1984
Unnamed driver Name		Driver NRIC	S8439349E	Driving Experience	9
Register Date of Driver License	17/11/2009	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	81539779	Contact No.(Office)		Address 3	SEGAR VALE
Address 1	BLK 547B #12-05	Address 2	SEGAR ROAD	Post Code	672547
Address 4	SINGAPORE 672547	Address Type	Singapore address		
Unit No.	12-05				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MRS NEUBRONNER MARTIN NEE	Insured NRIC	S1244798A
Contact No.(Mobile)	90234098	Contact No. (Home)	87529798	Contact No. (Office)	
Email Address	maryaseef@starhub.com	OT	SLR9779R	TP Vehicle Number	SLN1155P
Claim Description	SLR9779R / SLN1155P ON 4 Sept 2019			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	05/09/2019 15:38	Claim Close Date		Date Received	05/09/2019 01
Report Taken By	LIEW SHAN HUI				

☒ Print AK letterSave Submit

## Attachment

Accident No.	MT/1061136	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/09/2019 15:40
Path *		Category *	Confidential
<span>Choose File</span> No file chosen		<span>Clear</span> <span>Please Select</span>	NO
<span>Choose File</span> No file chosen		<span>Clear</span> <span>Please Select</span>	NO
<span>Choose File</span> No file chosen		<span>Clear</span> <span>Please Select</span>	NO

9/5/2019

## Claim Handling(accident reporting Claim Task )

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send M

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40	SAS		SAS 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:39	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:39	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:39	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:39	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:39	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:38	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:38	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:38	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:38	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:38	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:38	Photos		Photos 2019-9-5	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:38	Photos		Photos 2019-9-5	

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading